

County Medical Services Program (CMSP)

QUESTION: What is the CMSP Program?

ANSWER: The County Medical Services Program (CMSP) funds short term medical care for low-income San Luis Obispo County residents

QUESTION: Which ages does CMSP cover?

ANSWER: *Adults between the ages of 21 and 64 may be eligible for CMSP benefits.*

QUESTION: Am I eligible for CMSP even if I have Medi-Cal?

ANSWER: *No. Only adults who are NOT eligible for Medi-Cal are eligible for CMSP.*

QUESTION: Does CMSP cover preventive health care?

ANSWER: *No. The program only funds those services that are of a medical necessity.*

QUESTION: How does CMSP fit into the Health Agency?

ANSWER: *CMSP is under the Health Care Services Division of the Public Health Department which is part of the Health Agency.*

Eligibility

QUESTION: How can I find out if I am eligible for CMSP?

ANSWER: *People needing help paying for medical care must complete an application and be interviewed by a CMSP Eligibility Technician at the CMSP office at 2180 Johnson Avenue, in San Luis Obispo. The CMSP Eligibility office is open daily, from 8:00 a.m. to 5:00 p.m, excluding County holidays. Interview hours are from 8:00 am to 3:00 pm, the office is closed from 12:30 to 1:30 pm for lunch, and all interviews are conducted on a first come first served basis.*

QUESTION: What is my time limit for applying for CMSP after an ER visit?

ANSWER: *You must apply for CMSP no later than seven (7) calendar days from the date of your ER visit. For example, if you go to the emergency room on a Monday, you will have until the following Monday to apply for CMSP. Should the seventh day fall on a weekend or holiday, the application must be in by the next business day.*

QUESTION: Once I apply for CMSP, will I get something to show my doctor that I am CMSP eligible?

ANSWER: *Yes, a letter confirming your approval will be provided to you. Before you can be approved, you must provide your Eligibility Technician with the documentation requested in order for your CMSP eligibility to be determined.*

You must bring in the following information when applying for CMSP:

1. Picture ID
2. Social Security Card
3. Bank Statement for the past 30 days.
4. Check stubs (3 if paid bi-weekly, 5 if paid weekly) or unemployment stub.

If additional documentation is requested you will be given seven (7) days to comply and if you fail to submit the documentation in that time frame your application will be denied.

After you are approved for CMSP, carry your county medical services program letter of approval (called a Notice of Action) with you. Have it available to show at the Community Health Center (CHC) clinics and other medical providers.

QUESTION: I am eligible for Medi-Cal, but haven't applied yet. Can I use CMSP instead?

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ANSWER: No. If it is determined that you may be eligible for Medi-Cal or other benefits, you must apply for Medi-Cal or other benefits as instructed. If it is determined that you were eligible for Medi-Cal when you applied for and obtained CMSP, you will be retroactively denied CMSP, and you will be financially responsible for any bills.

QUESTION: Does CMSP pay medical bills when there is another possible payer source?

ANSWER: No. CMSP is the payer of last resort in all situations except for when a client has been the victim of a crime. All clients who apply to CMSP will be screened for third party liability, including motor vehicle insurance, homeowners insurance, worker comp, and other liability coverage. Applicants must cooperate in this process or their CMSP coverage will be denied. Every attempt will be made to collect from other coverage prior to paying claims from CMSP. If litigation is pending on a CMSP case, CMSP payment for services related to the litigation will be delayed until the litigation is settled. If you win the litigation, the associated medical bills are paid from the settlement. If you lose the litigation and if the medical providers obtained CMSP prior authorization, then CMSP may pay the medical bills assuming all billing criteria are met.

QUESTION: How long am I eligible for CMSP benefits?

ANSWER: The length of your CMSP eligibility is based on your medical need and income stability but usually varies from 1 to 3 months. At the end of your eligibility period you may reapply for CMSP. When you reapply for CMSP, the length of your next eligibility period will be determined based on your current financial situation and medical needs. Please bring check stubs, bank statements and other documentation to your reapplication visit to CMSP.

Getting Medical Services

QUESTION: Where do I receive medical care?

ANSWER: Primary medical care is provided by Community Health Centers of the Central Coast. (CHC) and all hospitals in the County. Specialty care is provided by participating physicians.

View the [CHC Locations](#).

Call 1-800-866-INFO (1-800-866-4636) to locate the CHC clinic nearest to you. There are fourteen CHC clinic sites located throughout San Luis Obispo County.

You may also obtain the listing of the addresses, phone numbers, and hours of operation for all CHC clinics from the CMSP Web site, or from the CMSP office, or you can go directly to the CHC website.

Primary care medical visits are provided at CHC clinics. If further medical care or treatment is necessary and NOT provided within the CHC network, your CHC primary care clinician will refer you to a specialist. CMSP staff will review requests for specialty care or diagnostic services and will authorize such care only when it is medically necessary and when it is a CMSP-covered service that cannot be provided by your CHC clinician.

QUESTION: Does my provider have to have authorization from CMSP before I receive treatment?

ANSWER: All care provided outside the CHC network must have CMSP authorization prior to you receiving the services.

*CMSP will only pay for specialty services that are **authorized before you receive treatment**. You must ask your doctor to request prior authorization of specialty services. Not all requests for specialty services can be approved.*

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QUESTION: Can CMSP authorize treatment before I finish the application process?

ANSWER: *No. If you have applied for CMSP you will receive a letter of approval or denial when you submit your required documents. Then establish yourself as a patient at any of the CHC clinics throughout the County. To become an established patient, you must be seen by a CHC primary care clinician. To begin the process, please call 1-800-866-INFO (1-800-866-4636) to locate the CHC clinic nearest to you. CHC clinics are located in several cities throughout San Luis Obispo County.*

Any lab, radiology, prescriptions, supplies or physical therapy that you receive before your first visit to a CHC clinic will become your responsibility for payment. If your CMSP application is not approved after an emergency room visit, or a hospital stay, all medical bills will become your responsibility. You may then want to discuss with the hospital a payment plan for the services you received from them.

Share of Cost

QUESTION: What if my income is more than the maximum CMSP allows?

ANSWER: If your income exceeds 250% of the federal poverty level, you are not eligible for CMSP. If the amount of your income and assets falls within the guidelines listed below, you may be eligible for CMSP.

Number of People in Family	Property Limit	Monthly Income at 250% Federal Poverty Level Effective 2012
1	\$2,000	\$2,328
2	3,000	3,153
3	3,150	3,978
4	3,300	4,803
5	3,450	5,628
6	3,600	6,453
7	3,750	7,278
8	3,900	8,103
9	4,050	8,928
10	4,200	9,753

Based on your income, you may have to pay a share of cost (SOC) to one or more medical providers.

QUESTION: To whom do I pay my Share of Cost (SOC) and how do I know when I've met my Share of Cost?

ANSWER: *CMSP will notify you and your medical provider(s), in writing, where to pay your SOC and how much to pay.*

QUESTION: Can I apply my Share of Cost (SOC) to services NOT authorized by CMSP?

ANSWER: *No. Your SOC must be paid toward CMSP-covered services only.*

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Service Authorizations

QUESTION: Which services require authorization prior to treatment?

ANSWER: *All care provided by participating physicians outside the CHC network of primary care clinicians must be authorized by CMSP before treatment is provided. Required authorizations include specialists who work at CHC facilities under contract. Authorizations are also required for all hospital admissions and special services such as Home Health, etc., ordered by your physician.*

QUESTION: Who should call CMSP to get authorization prior to my treatment?

ANSWER: *Medical providers should call CMSP on your behalf. You must inform your doctor or hospital that you have CMSP, when you schedule any treatment so that prior authorization may be requested. If you do not inform your medical providers, bills for services that do not have prior authorized will be yours to pay. REMEMBER THAT TREATMENT WHICH IS NOT AUTHORIZED IN ADVANCE WILL NOT BE COVERED BY CMSP. Your provider may call for prior authorization 7 days a week, 24 hours a day.*

QUESTION: What if I need to see a specialist?

ANSWER: *If you need to see a specialist, you must be referred to one by your CHC primary care clinician. Not all requests for specialty care can be approved.*

QUESTION: Will CMSP pay for my lab work, x-rays and prescriptions?

ANSWER: *Laboratory and x-ray services are paid for only if they are performed at a CHC healthcare facility, or if prior authorization has been given elsewhere by a CMSP Nurse. Prescriptions are covered if written by a CHC physician, and ER physician, and an approved specialty physician. CHC may refuse to fill prescriptions written by other physicians.*

Insurance

QUESTION: Will CMSP pay my medical bills if I have private insurance?

ANSWER: *No, CMSP does not pay co-pays to insurance.*

CMSP-Covered Services

QUESTION: Which services are covered by CMSP and under what conditions?

ANSWER:

Acupuncture: Is not a covered service.

Alcohol and Drug Withdrawal Treatment: CMSP does not cover outpatient treatment for drug and alcohol problems. Clients requesting CMSP eligibility, with a sole medical need of drug or alcohol treatment, are not eligible for CMSP. These applicants will be referred to the County Drug and Alcohol Services Division.

Ambulance: Emergency ambulance service for eligible patients is covered throughout SLO County if retroactively authorized within 30 days by a CMSP nurse. Non-emergency ambulance transport will not be covered.

Chemotherapy: All CMSP and Medi-Cal pending oncology patients whose treatment necessitates parenteral chemotherapy must utilize CHC or its designated oncologists. This policy does not apply to patients whose chemotherapy consists of oral medications that can be self-administered.

Chiropractic: Is not a covered service.

Cosmetic surgery: Is not a covered service.

Dental: CMSP pays for treatment of abscesses and extractions. Routine and preventive dental care is not a covered benefit.

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Emergency Room: CMSP pays local hospitals, participating physicians, and other providers for emergencies in hospital emergency rooms (ERs), per hospital contract terms. Prior authorization is not required; however, for CMSP to pay, the ER visit must result from a bona fide emergency medical condition. An “emergency medical condition” is defined as a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following life-threatening conditions:

- 1) Placing the patient’s health in serious jeopardy,
- 2) Serious impairment to bodily functions,
- 3) Serious dysfunction to any bodily organ or part.

If a patient presents in a hospital ER with a medical condition that could wait to be treated in a doctor’s office, the ER visit will be denied payment. However, if a patient presents with a medical condition that a prudent layperson could think was life threatening (e.g. significant chest pain, shortness of breath, and injuries with possible fracture), the ER visit will be approved even if the final diagnosis is not of a serious nature. Outpatient detox is not a CMSP covered service and will not be approved, unless the patient has overdosed, their condition involves seizures or warrants a hospital admission.

Equipment and Supplies: Many medical supplies are provided by the CHC clinics. Those provided by other medical suppliers are covered by CMSP when prescribed by a physician, prior authorized by a CMSP nurse as medically necessary, and covered by Medi-Cal.

Eye Care: Treatment of cataracts, glaucoma, diabetic retinopathy, and trauma to the eyes is covered by CMSP, but must be authorized by a CMSP nurse. CMSP does pay for routine eye screening for diabetics once per year with prior authorization. Eyeglasses, contacts, and routine eye examinations are not covered

Family Planning Services and Women’s Health:

- CHC provides women’s health care services, including pap smears, in CHC clinics. This is not a CMSP covered service.
- Contraceptive medications, devices or supplies are not CMSP covered services.
- Routine or baseline mammograms are not a covered service of CMSP. Upon request from a physician, patients who have a breast mass, abnormal or bloody discharge, dimpling, ulceration, and/or inflammation will be given an authorization for a mammogram, or will be referred to a state funded cancer detection program.
- No services are authorized or paid by CMSP for a pregnant applicant, even if the problem is not pregnancy-related. In the event that a woman becomes pregnant during her CMSP eligibility period, she will be referred to Medi-Cal and discontinued from CMSP.

Hearing Aids: Is not a covered service.

Home Health: Home health is covered when the patient is homebound, when prescribed by the physician, and with prior CMSP authorization.

Hospital Inpatient: Inpatient services that are prior authorized and medically necessary will be covered by CMSP. Inpatient services outside SLO County will be covered if arranged and approved in advance by CMSP. The CMSP nurses use InterQual, nationally recognized evidence-based treatment guidelines, in determining the level of care and continued stay decisions. InterQual focuses on medical necessity, admission appropriateness and discharge stability. If a client does not meet InterQual criteria, that day’s inpatient stay will not be covered.

All elective admissions require prior authorization. The admitting physician or his office staff will provide the CMSP nurse with a reason for the hospital stay and/or the procedure to be performed. The CMSP nurse will provide a prior authorization number to the physician if the procedure is covered by CMSP

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guidelines. Hospitals must fax a daily written, current update on each CMSP inpatient to the nurses by 2:00 p.m. each day, weekend exempt. If a current update is not received, the day's stay for the CMSP patient will be retroactively denied.

The CMSP nurse will grant "administrative days" to those inpatients who are no longer at the acute level, but who continue to require skilled nursing care until placement in a skilled nursing facility or other facility is available. Administrative days will consist of reimbursement to the hospital at 25% of the contract rate. The patient cannot be billed for the remaining balance. Hospitals will be notified when the acute length of stay has ended.

Inpatient Rehabilitation Services: Is not a covered service.

Lab, Radiology, Radioisotope Studies: These services are covered if ordered by a physician and if medically necessary. Patients must go to a CHC clinic for these procedures unless the needed service is unavailable there. Exceptions to the policy are:

Oncologists: May obtain blood work, urinalyses and X-rays in their offices.

Urologists: May obtain urinalyses in their offices.

Orthopedists: May obtain X-rays and apply/remove casts in their offices if necessary for immediate provision of care.

Cardiologists: May obtain EKGs in their offices if necessary for immediate provision of care.

Podiatry: Is not a covered service.

Long-Term Care, Skilled Nursing Facilities: CMSP does not cover long-term care or skilled nursing facilities.

Mental Health: Is not a covered service. CMSP covers mental health medications prescribed by any CHC physician as long as the patient is established at CHC.

Out-of-County Consultations: Sometimes it is necessary for a physician to refer a patient out of San Luis Obispo (SLO) County for care that is not available here. The physician must request verbally or in writing, the specific medical care needed for the patient and the reason care cannot be provided in SLO County. The referring physician will contact out-of-county providers to find someone who can provide care, CMSP will arrange a contract with the provider for the lowest possible negotiated rates, and the CMSP Program Manager and/or Medical Director will approve or deny coverage of the care. If approved, the nurse will issue an authorization number for the service, and the out-of-county provider must fax daily progress notes to the nurse.

Outpatient: The following services are covered at any of the CHC facilities and do not require prior authorization from CMSP:

- Primary care physician services.
- Laboratory services.
- Limited radiology, including x-rays, ultrasounds and barium studies. More complicated radiological services require pre-authorization.
- Respiratory and cardiac services including EKGs, EEGs, Doppler tests, cardiac echos and pulmonary function tests (PFTs).

Physical Therapy: May be covered by CMSP for 10 visits following surgery or major trauma if approved prior to receiving services.

Specialist Referrals: A CHC primary care physician may refer CMSP patients to specialists for medical care outside their scope of practice. CHC will call for prior authorization for these visits. The CMSP nurses require written documentation to justify the requested referral.

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Pain Management: Is not a covered service.

Elective, non-medically necessary procedures are not a covered benefit.

Important Points to Remember

You will not be approved for CMSP until you have submitted all the required documents.

Be sure you establish yourself as a patient at any of the Community Health Center Clinics.

Be sure your doctor has obtained prior authorization for specialty care or diagnostic services.

CMSP covered specialty services must be CMSP authorized prior to treatment. No payment is paid on services without prior authorization.

Services outside San Luis Obispo County are covered only if not available in this county and authorized by CMSP.

Question/Comments

For questions about eligibility or the application process, please call CMSP at 781-4838.

For questions about billings or payment, please call CMSP Accounting at 781-4926.